STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	baret Goa	man	
II. Name of lobbyist's partnershi	p, firm or corporation, if	fany:	
(Name of partners)	nip, firm or corporation)		
(Chambe of partition)	•		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	()(F:	e-mail	
III. This statement covers: (Choo reportable expense transactions v	which are not attributabl	e to any one client).	
All reportable transactions occur Amortican Charles (Full Name)	mistry (a	to the reporting date relative to	the following client:
OR ☐ All reportable transactions by the unrelated to any particular client.		,	ring firm listed below which are
October 2:	of registration to 3/31/17 5, 2017 🗌	July 26, 2017 activity from 4/1/17 to 6/30 January 31, 2018	
V. There have been no fees red If this box is checked, complete just Concord, NH 03301.			e the last report.
VI. Check if additional reports as ☐ If you have received fees or ma ☐ If you have paid an honorarium Expense Reimbursement	nde expenditures, you mus n or reimbursed expenses,	you must file Addendum B-	-
•	y has made political contr		dum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno	A 14-C and RSA 664 and	hereby swear or affirm that th	ne foregoing information is true
(Signature of lobbyist)	1. Voyan	1/9/18	Date) RECEIVED
Marvaret M. (Print Name of lobbyist)	borman	· ·	JAN 1 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE